

MAY 15 2006

PTO/SB/17 (12-04)

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U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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Effective on 12/8/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2006		Complete If Known Application Number 09/833,367 Filing Date 4/12/2001 First Named Inventor CLAXTON et al. Examiner Name MEHRA, INDER P Art Unit 2666 Attorney Docket No. 20T-025 / 12-1147	
<input type="checkbox"/> Applicant Claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT (\$) 1400			

METHOD OF PAYMENT (check all that apply)

- ☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____
- ☒ Deposit Account Deposit Account Number: **50-1147** Deposit Account Name: **Posz Law Group, PLC**
 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- ☒ Charge fee(s) indicated below ☐ Charges fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Small Entity	Fee (\$)	Fee Paid (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25	
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100	
Multiple dependent claims	360	180	

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
17	- 20 or HP = 0	x \$50.00	= \$ 0.00			
HP = highest number of total claims paid for, if greater than 20						\$360.00

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
3	- 3 or HP = 0	x \$200.00	= \$ 0.00

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 = 0	/ 50 = 0	(round up to a whole number) x	\$250.00	= \$ 0.00
				Fees Paid (\$)

4. OTHER FEE(S)


Non-English Specification, \$130 fee (no small entity discount)

Other: **Notice of Appeal Fee****Extension Fee (\$1020 - \$120)**

\$500

\$900

SUBMITTED BY

Signature		Registration No. (Attorney/Agent) 37,701	Telephone (703) 707-9110
Name (Print/Type)	DAVID G. POSZ	Date	May 15, 2006

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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MAY 15 2006

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FACSIMILE TRANSMISSION

Date: 5/15/2006

Pages: 6 (including this page)

To: USPTO

From: David G. Posz

Fax No.: 571-273-8300

Subject: Notice of Appeal

Comments:

Applicant: CLAXTON	Serial No.: 09/833,367
Filing Date: 04/12/2001	Atty Dkt.: 20T-025

Title: TIME-MULTIPLEXED MULTI-CARRIER TRANSMITTER

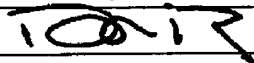
Attached please find:

- (1) Transmittal Form;
- (2) Fee Transmittal;
- (3) Notice of Appeal;
- (4) Petition for Extension of Time; and
- (5) Letter

CERTIFICATE OF TRANSMISSION/MAILING

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Signature



Typed or printed

DAVID G. POSZ

Date

15 MAY 2006


*******Notice*******

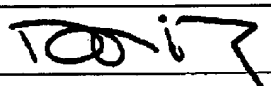
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/833,367
	Filing Date	04/12/2001
	First Named Inventor	CLAXTON et al.
	Art Unit	2666
	Examiner Name	MEHRA, INDER P
Total Number of Pages in This Submission	5	Attorney Docket Number
		20T-025 / 12-1147

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance communication to (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Letter to Mail Stop AF
Remarks _____		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Posz Law Group, PLLC		
Signature			
Printed name	DAVID G. POSZ		
Date	May 15, 2006	Reg. No.	37,701

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Signature			
Typed or printed name	DAVID G. POSZ	Date	May 15, 2006

MAY 15 2006

P. 5

May 15 2006 5:32PM HP LASERJET 3330

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): CLAXTON et al.	Atty. Dkt.: 20T-025
Serial No.: 09/833,367	Group Art Unit: 2666
Filed: 04/12/2001	Examiner: MEHRA, INDER P
Title: TIME MULTIPLEXED MULTI-CARRIER TRANSMITTER	

Commissioner for Patents
Alexandria, VA 22314
Mail Stop: AF

Date: May 15, 2006

CERTIFICATE OF FACSIMILE TRANSMISSION

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Typed Name: DAVID G. POSZ

Signature: 

LETTER

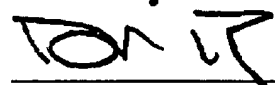
Sir:

In response to the Advisory Action mailed on February 16, 2006 and an interview with Examiner on May 12, 2006, Applicants hereby submit a Notice of Appeal for the above-referenced application.

It should be noted that Applicants are requesting to charge \$900 to Deposit Account 50-1147 for an extension of time because Applicants have already paid \$120 for a one-month extension of time in conjunction with the filing of a Supplemental After Final Amendment on March 16, 2006.

Please charge any additional fees or credit any refunds to Deposit Account 50-1147.

Respectfully submitted,



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